

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #
(Ethics Commission filers)

2 Total pages filed:

17

3 CANDIDATE /
OFFICEHOLDER
NAME

TITLE

FIRST

MI

Mr.

Franklin

D.

NICKNAME

LAST

SUFFIX

Frank

Moss

SR.

OFFICE USE ONLY

Date Received

4 CANDIDATE /
OFFICEHOLDER
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

5625 EISENHOWER Dr.

FORT WORTH, Texas 76112

☐ Change of Address

OFFICIAL RECORD
CITY SECRETARY
FT. WORTH, TEX

Date Hand Delivered or Date Postmarked

Receipt #

Amount

Date Processed

Date Imaged

5 CAMPAIGN
TREASURER
NAME

TITLE

FIRST

MI

Mr.

Edmond

L.

NICKNAME

LAST

SUFFIX

Ed

Moss

6 CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

7208 Parkwest Cir., Fort Worth, Texas 76134

7 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 714-4638

8 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign treasurer appointment (officeholder only)

☒

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☐

Final report (Attach C/OH - FR)

9 PERIOD
COVERED

Month

Day

Year

04 / 26 / 2003

THROUGH

Month

Day

Year

07 / 15 / 2003

10 ELECTION

ELECTION DATE

Month

Day

Year

— / — / —

ELECTION TYPE

☐ Primary

☐ Runoff

☐ General

☐ Special

11 OFFICE

OFFICE HELD (if any)

CITY COUNCIL, DISTRICT 5

12 OFFICE SOUGHT (if known)

N/A

13 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval. Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Franklin D. Moss

15 ACCOUNT # (Ethics Commission filers)

16 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 NO REPORTABLE
ACTIVITY☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ - 0 -

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 7650.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 587.43

4. TOTAL POLITICAL EXPENDITURES

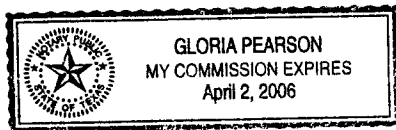
\$ 7,576.36

OUTSTANDING
LOAN TOTALS5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ - 0 -

19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Franklin D. Moss
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Franklin D. Moss*, this the 17th day of July, 20 03, to certify which, witness my hand and seal of office.

Gloria Pearson
Signature of officer administering oath

Gloria Pearson
Printed name of officer administering oath

City Secretary
Title of officer administering oath

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

1/5

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

April 28, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

Ron Sturgeon

7 Amount of
contribution (\$)

\$50.00

8 In-kind contribution
description (if applicable)

6 Contributor address; City; State; Zip Code

5940 Eden Fort Worth Tx. 76100

9 Principal occupation (Optional)

10 Employer (Optional)

Date

April 28, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Gary E. Reynolds

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 370 Euless Tx. 76039

Principal occupation (Optional)

Employer (Optional)

Date

Apr 28, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Meto Miteff

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

2821 Lackland Rd. Fort Worth Tx. 76116

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 28, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Joe Keyes

Amount of
contribution (\$)

\$500.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

P.O. Box 76179 Fort Worth Tx. 76179

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 28, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Nancy L. Terrell

Amount of
contribution (\$)

\$50.00

In-kind contribution
description (if applicable)

Contributor address; City; State; Zip Code

5808 Azteca Fort Worth Tx. 76112

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

2/5

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

Apr. 29, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

Dian C. Korman

6 Contributor address; City; State; Zip Code

8800 Rolling Springs Court Fort Worth Tx. 76120

7 Amount of contribution (\$)

\$50.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Apr. 29, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Randle D. Howard

Contributor address; City; State; Zip Code

3863 S. Freeway, #102 Fort Worth Tx. 76110

Amount of contribution (\$)

\$400.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 29, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

L Allen Hodges III

Contributor address; City; State; Zip Code

115 W. 7th Street, No. 1310 Fort Worth Tx. 76102

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 29, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

James W. Schell

Contributor address; City; State; Zip Code

901 Fort Worth Club building Fort Worth Tx.
76102-4495

Amount of contribution (\$)

\$1000.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 29, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Lynne Manny

Contributor address; City; State; Zip Code

3769 S. University Fort Worth Tx. 76109

Amount of contribution (\$)

\$150.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

3/5

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

3F

4 Date

Apr. 29, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

Robert G. West

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

7012 Allen Place Dr. Fort Worth Tx. 76116-9300

9 Principal occupation (Optional)

10 Employer (Optional)

Date

Apr. 30, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Hammer and Nail Club

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6464 Brentwood Stair Rd. Fort Worth Tx 76112

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 30, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Doyle H. Willis

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3316 Browning Ct. Fort Worth Tx. 76111

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 30, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Donald G. Summers

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4813 Green Oaks Dr. Fort Worth Tx. 76114

Principal occupation (Optional)

Employer (Optional)

Date

Apr. 30, 2003
May 2, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Ross B. Chalhoun

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

3709 Santiago Court Irving Tx. 75062

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

4/5

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission files)

4 Date

May 2, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

James Leggett

6 Contributor address; City; State; Zip Code

1111 Jacksborough Hwy. Fort Worth Tx. 76147

7 Amount of contribution (\$)

\$500.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

May 2, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Michael A. and Mary Bell

Contributor address; City; State; Zip Code

2952 Dillard St. Fort Worth Tx. 76105

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May 2, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Mehrdad

Contributor address; City; State; Zip Code

1905 Industrial Blvd. Colleyville Tx. 76034

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May 2, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Art and Lynda G. Brender

Contributor address; City; State; Zip Code

4121 Hampshire Blvd. Fort Worth Tx. 76103

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May 3, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Thomas L. Krampitz

Contributor address; City; State; Zip Code

1210 Nueches St., No 200 Austin Tx. 78701

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A1

(FOR FORMS C/OH, C/OH-SS, SC-C/OH,
SC-SPAC, SPAC, & SPAC-SS)

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages this Schedule A1:

5/5

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission files)

4 Date

May 03, 2003

5 Full name of contributor

☐ out-of-state PAC (ID#)

Eddie Gossage

6 Contributor address; City; State; Zip Code

8920 Crestwood Fort Worth Tx. 76179

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

9 Principal occupation (Optional)

10 Employer (Optional)

Date

May 03, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Karl A. Komastu

Contributor address; City; State; Zip Code

3905 Lenox Drive Fort Worth Tx. 76107

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May 12, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Jim Bradshaw

Contributor address; City; State; Zip Code

4613 Briarhaven Rd. Fort Worth Tx. 76109

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

May 21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

H. R. Perot, Jr.

Contributor address; City; State; Zip Code

P.O. Box 269014 Plano, Tx 75026-9

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

Date

June 21, 2003

Full name of contributor

☐ out-of-state PAC (ID#)

Perdue, Brackett, Flores, Hitt & Burns, Jr.

Contributor address; City; State; Zip Code

307 West 7th St. Suite 1225
Fort Worth, Texas 76102

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

Principal occupation (Optional)

Employer (Optional)

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

1/10

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

04/25/2003

5 Payee name

Kwik Kopy

6 Payee address; City; State; Zip Code

1850 Handley Dr.
Fort Worth, Texas 76112

7 Amount (\$)

279.71

8 Purpose of payment (See instructions regarding type of information required.)

Printing of Campaign materials

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

04/25/2003

Payee name

Franklin D. Moss

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
Fort Worth, Texas 76112

Amount (\$)

400.00

Purpose of payment (See instructions regarding type of information required.)

Transportation Expense

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

04/26/2003

Payee name

Sam's Club

Payee address; City; State; Zip Code

8351 Anderson Blvd.
Fort Worth, Texas 76120

Amount (\$)

122.00

Purpose of payment (See instructions regarding type of information required.)

Supplies for phone Bank.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

04/27/2003

Payee name

Emmanuel Ekeke

Payee address; City; State; Zip Code

P.O. Box 141690
Arlington, Texas 76019

Amount (\$)

87.75

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F: **2/10**

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

04/28/2003**Franklin D. Moss**

6 Payee address; City; State; Zip Code

5625 Eisenhower Dr. Fort. Worth 76112**\$50.00**

8 Purpose of payment (See instructions regarding type of information required.)

Gas and misc Expense9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

04/28/2003**U.S. Post Master**

Payee address; City; State; Zip Code

Fort Worth Tx.**\$651.00**

Purpose of payment (See instructions regarding type of information required.)

Postage for Bulk mail-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/03/2003**Franklin D. Moss**

Payee address; City; State; Zip Code

5625 Eisenhower Dr. Fort Worth Tx. 76112**\$50.00**

Purpose of payment (See instructions regarding type of information required.)

Gas and misc Expense-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/03/2003**Sams Club**

Payee address; City; State; Zip Code

Fort Worth Tx.**\$87.22**

Purpose of payment (See instructions regarding type of information required.)

Food and supplies for phone Bank.-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

3/10

2 FILER NAME

Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7

Amount
(\$)

04/27/2003

Edmond Moss

Payee address; City; State; Zip Code

7208 Park West Cir.
Fort Worth, Texas 76134

217.00

8 Purpose of payment (See instructions regarding type of information required.)

Reimbursement for payment of
Telephone Bank & Food Expense.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

04/27/2003

Jarvis Ward

Payee address; City; State; Zip Code

55.25

Purpose of payment (See instructions regarding type of information required.)

Phone Bank.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

04/28/2003

Earline Miles

Payee address; City; State; Zip Code

1908 Edgewood Terrace
Fort Worth, Texas 76105

100.00

Purpose of payment (See instructions regarding type of information required.)

Campaign Worker.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

04/27/2003

~~Latoya J. Morris~~

Payee address; City; State; Zip Code

~~##~~

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

4/10

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/01/2003

Wednesday Child Benefit

6 Payee address; City; State; Zip Code

Fert Worth, Texas

\$100.00

8 Purpose of payment (See instructions regarding type of information required.)

Benefit - Contribution

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/03/02

Phi Beta Sigma

Payee address; City; State; Zip Code

Arlington Tx. 76019

\$52.00

Purpose of payment (See instructions regarding type of information required.)

Telephone Bank.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/03/2003

Chili Ekeke

Payee address; City; State; Zip Code

P.O. Box 191690 Arlington, Tx. 76019

\$84.50

Purpose of payment (See instructions regarding type of information required.)

Telephone Bank.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

Date

Payee name

Amount (\$)

05/05/2003

Earline Miles

Payee address; City; State; Zip Code

1908 Edgewood Terrace -
Fort Worth Tx.

\$200.00

Purpose of payment (See instructions regarding type of information required.)

Campaign worker.

9 ** Complete if direct expenditure to benefit C/OH **
Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

5/10

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/14/2003

5 Payee name

Edmond Moss

7 Amount (\$)

300.00

6 Payee address; City; State; Zip Code

7208 Parkwest Cir.
Fort Worth, Texas 76134

8 Purpose of payment (See instructions regarding type of information required.)

Campaign work, And Expenses.

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/12/2003

Payee name

Charmain Pruitt

Amount (\$)

200.00

Payee address; City; State; Zip Code

Fort Worth, Texas 76119

Purpose of payment (See instructions regarding type of information required.)

Campaign worker.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/14/2003

Payee name

Franklin D. Moss

Amount (\$)

50.00

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
Fort Worth, Texas 76112

Purpose of payment (See instructions regarding type of information required.)

MISC Campaign expenses.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/16/2003

Payee name

Franklin D. Moss

Amount (\$)

50.00

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
Fort Worth, Texas 76112

Purpose of payment (See instructions regarding type of information required.)

MISC Campaign Repup expense.

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

6/10

2 FILER NAME

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

05/21/2003

CITY OF FORT WORTH

6 Payee address; City; State; Zip Code

1000 Throckmorton St.
FORT WORTH, TEXAS 76112

100.00

8 Purpose of payment (See instructions regarding type of information required.)

CIRCULAR SEALS FOR BULK
MAIL PACKAGES

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/22/2003

FRANKLIN D. MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
FORT WORTH, TEXAS 76112

100.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

05/24/2003

EAST FORT WORTH BUSINESS ASSN.

Payee address; City; State; Zip Code

FORT WORTH, TEXAS 76

75.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

membership

Date

Payee name

Amount (\$)

05/29/2003

FRANKLIN D. MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
FORT WORTH, TEXAS 76112

325.00

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

American Airlines - Airline Tickets

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

7/10

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

06/05/2003

5 Payee name

Franklin D. Moss

7 Amount (\$)

400.00

6 Payee address; City; State; Zip Code

5625 Eisenhower Dr.
Fort Worth, Texas 76112

8 Purpose of payment (See instructions regarding type of information required.)

Travel Advance
Fair Committee

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

05/22/2003

Payee name

Bank One

Payee address; City; State; Zip Code

Fort Worth, Texas

Amount (\$)

115.00

Purpose of payment (See instructions regarding type of information required.)

Pass Port Expense

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/18/2003

Payee name

Kwik-Kopy

Payee address; City; State; Zip Code

1850 Handley Drive.
Fort Worth, Texas 76112

Amount (\$)

88.15

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

6/18/2003

Payee name

Walmart

Payee address; City; State; Zip Code

Fort Worth, Texas

Amount (\$)

61.19

Purpose of payment (See instructions regarding type of information required.)

Supplies for Black Fire
Fighter's Program

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

8/10

2 FILER NAME

Franklin D. MOSS

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

7 Amount (\$)

06/19/2003

Travel Health Services

6 Payee address; City; State; Zip Code

Arlington, Texas

345.00

8 Purpose of payment (See instructions regarding type of information required.)

Vacations for Africa Trip

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

06/21/2003

Sam's Club

Payee address; City; State; Zip Code

FORT WORTH, TEXAS

95.14

Purpose of payment (See instructions regarding type of information required.)

Black Fire Fighter Program Refreshments

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

06/24/2003

Dillard Department Store

Payee address; City; State; Zip Code

HURST, TEXAS

216.50

Purpose of payment (See instructions regarding type of information required.)

Luggage for Africa Sister City Trip

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

06/25/2003

Franklin D. MOSS

Payee address; City; State; Zip Code

5625 Eisenhower Dr.
FORT WORTH, TEXAS 76112

1,050.00

Purpose of payment (See instructions regarding type of information required.)

Travel Advance for Africa Sister City Travel

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

9/10

2 FILER NAME

Franklin D. Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/03/2003

5 Payee name

Franklin D. Moss

6 Payee address; City; State; Zip Code

5625 Eisenhower Dr.
Fort Worth, Texas 761127 Amount
(\$)

200.00

8 Purpose of payment (See instructions regarding type of information required.)

Campaign day expense including
gas, food and misc expenses.9 -- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

5/9/2003

Payee name

Mary Ekiss

Payee address; City; State; Zip Code

4505 Reed St.
Fort Worth, Texas 76119Amount
(\$)

200.00

Purpose of payment (See instructions regarding type of information required.)

Voter Development Program

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

05/22/2003

Payee name

Kinko's Printing

Payee address; City; State; Zip Code

1400 Copeland Rd
Arlington Texas 76011Amount
(\$)

116.10

Purpose of payment (See instructions regarding type of information required.)

Printing

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

Date

05/17/2003

Payee name

Fry's Electronics

Payee address; City; State; Zip Code

Arlington Texas

Amount
(\$)

213.89

Purpose of payment (See instructions regarding type of information required.)

Supplies and monitor

-- Complete if direct expenditure to benefit C/OH --
Candidate / Officeholder name Office sought Office held

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POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule F:

10/10

2 FILER NAME

Franklin D Moss

3 ACCOUNT # (Ethics Commission filers)

4 Date

05/07/2003

5 Payee name

Office max.

7

Amount
(\$)

151.53

6 Payee address; City; State; Zip Code

Fort Worth, Texas

8 Purpose of payment (See instructions regarding type of information required.)

office supplies

9 -- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount
(\$)

Payee address; City; State; Zip Code

Purpose of payment (See instructions regarding type of information required.)

-- Complete if direct expenditure to benefit C/OH --

Candidate / Officeholder name

Office sought

Office held

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